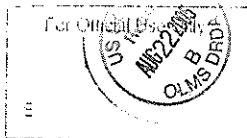


FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0138  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File number: <u>D-13676</u>	2. Fiscal Year Covered From: <u>1 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing: Name: <u>DAVE McBride</u> P.O. Box, Bldg., Room No., if any: Street: <u>672 E. 4th St.</u> City: <u>El Paso</u> State: <u>IL.</u> ZIP Code + 4: <u>61738</u>	4. Name, file number, and address of labor organization: Name: <u>Laborers Local 996</u> Labor Organization File Number: <u>027-935</u> P.O. Box, Building and Room Number, if any: <u>P.O. Box 410</u> Street: <u>107 E. Broad St.</u> City: <u>Roanoke</u> State: <u>IL</u> ZIP Code + 4: <u>61561</u>
5. Position in labor organization: <u>Bus mgr.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any): Name: <u>FOUNDATION FOR FAIR CONTRACTING</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any: <u><del>244</del> Suite 525</u> Street: <u>1 NORTH Old State Capitol Plaza</u> City: <u>Springfield</u> State: <u>IL</u> ZIP Code + 4: <u>62701</u>	7.a. Nature of Interest, Transaction, or Income: <u>FOUNDATION FOR FAIR CONTRACTING DINNER</u> 7.b. Amount: <u>53.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: David D. McBride

On 8/12/05 309-923-3211  
Date Telephone Number

Name of Person Filing

DAVID McBRIDE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NORTH CENTRAL ILL LABORERS Health + Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 4208 UNIT 3

Street W. PARTRIDGE WAY

City PEORIA

State IL

ZIP Code + 4 61615

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Trustee - Conferences, Air flights,  
Hotel Rms. Meals. Mileage (Given back to local)Honolulu, HA Conf. 1900.00  
Cancelled

11.b. Approximate dollar value of such dealing.

4173.05

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.